

**CLAIM FOR DAMAGE,
INJURY, OR DEATH****INSTRUCTIONS:** Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.FORM APPROVED
OMB NO. 105-0008

1. Submit to Appropriate Federal Agency:

Summit Food Service FSD
(Curry County Adult Detention Center)2. Name, address of claimant, and claimant's personal representative, if any.
(See instructions on reverse side). Number, Street, City, State and Zip codeMyrta Paula Hart
801 Mitchell
Clovis, New Mexico 88601

21cv1074 MIS-LF

3. TYPE OF EMPLOYMENT

☐ MILITARY ☒ CIVILIAN

4. DATE OF BIRTH

5. MARITAL STATUS

Single

6. DATE AND DAY OF ACCIDENT

10/22/21 - 10/24/21

7. TIME (A.M. OR P.M.)

8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).

The continued "issue" of serving food made by inmates plus ordered by Summit Food Services staff in which case for over a week was served below pressure serving temp which was an astounding 150°F instead of the 185°F Foreheat has violated the cleanliness and healthy standards for the state of New Mexico and endangered poisoning to myself and other inmates for almost a week.

9. **PROPERTY DAMAGE**

NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).

BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED.
(See instructions on reverse side).

Summit Kitchen and Conditions of Kitchen, Serving and Storage Conditions can be examined at 801 Mitchell, Clovis New Mexico 88601.

10. **PERSONAL INJURY/WRONGFUL DEATH**

STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.

Extent of Injury is the anxiety born from the cruel and unusual punishment and constant violations of cleanliness and healthy.

11. **WITNESSES**

NAME

ADDRESS (Number, Street, City, State, and Zip Code)

1. Anthony Moore

2. Victor Salas

3.

4.

1. 320 East 7th

2. 701 East Avenue G, Marlessee Texas 79347

12. (See instructions on reverse).

AMOUNT OF CLAIM (in dollars)

12a. PROPERTY DAMAGE

12b. PERSONAL INJURY

\$ 120,000.00

12c. WRONGFUL DEATH

12d. TOTAL (Failure to specify may cause forfeiture of your rights).

120,000.00

one-hundred and twenty thousand dollars

I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.

13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).

13b. PHONE NUMBER OF PERSON SIGNING FORM

14. DATE OF SIGNATURE

505-762-2519

10/28/21

CIVIL PENALTY FOR PRESENTING
FRAUDULENT CLAIMCRIMINAL PENALTY FOR PRESENTING FRAUDULENT
CLAIM OR MAKING FALSE STATEMENTS

The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).

Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.

15. Do you carry accident Insurance? ☐ Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. ☒ No

16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? ☐ Yes ☒ No

17. If deductible, state amount.

18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).

19. Do you carry public liability and property damage insurance? ☐ Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). ☒ No

INSTRUCTIONS

Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.

Complete all items - Insert the word NONE where applicable.

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY

Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.

The claim may be filled by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.

DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

The amount claimed should be substantiated by competent evidence as follows:

- (a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.
- (b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.
- (c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.
- (d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.

PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

- A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

- B. **Principal Purpose:** The information requested is to be used in evaluating claims.
 C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.
 D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."

PAPERWORK REDUCTION ACT NOTICE

This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.

Grievance File # _____



Curry County Detention Center

801 Mitchell Ave, New Mexico 88101
575-763-14 Fax 575-762-0908



Grievance Form

Detainee's Name: M. P. [unclear] Number (#) 62398

Housing Unit: Dad 3 Date of Incident: 10/22/21

Date Received by Grievance Officer: 10/27/21 Grievance Officer Signature: [Signature]

INSTRUCTIONS: It is expected that problems be resolved in an informal manner. Please read Policy/Procedure in your Detainee handbook before filing a grievance. Your grievance must be filed with the Facility Grievance Officer or Designee to be valid. Copies sent elsewhere will be considered informational copies only, not requiring a response.

REJECTED

10/27/21

STEP 1 - GRIEVANCE: Include documentation and names of any witnesses to support your claim. For your grievance to be accepted, you must state the relief requested. Use additional pages, if necessary.

There has been host by a multitude of inmates as well as others and it violates the Cyber-Security Act.

Detainee's Signature: [Signature] Date: 10/22/21

Relief

Requested: Please provide 2009 Communications Waiver.

or a copy of Communications Waiver and when issued for this facility. (Oct. 22, 2021, Jacob [unclear] transcript day)

(Oct. 27, 2021, Jacob [unclear] 10:28 - transcript day)
([unclear] Polk [unclear])
(They do to each other)

STEP 2 - To be completed by the Grievance Officer:

- A. Your Grievance is accepted for consideration.
B. Your Grievance is being returned to you because of the following:

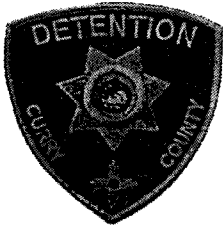
- 1 The grievance is not readable.
- 2 The matter has been answered in previous grievance # _____
- 3 The grievance concerns material that non-grievable under present policy.
- 4 The grievance is a group grievance or petition. (Submit individually.)
- 5 The grievance is not timely.
- 6 Other Specify Abused grievance process
- 7 Not Signed or Dated

Grievance Officer Signature: [Signature] Date: 10/27/21

Detainee Grievance

(Documented Avoidance of Compliance with Prisoner Exhaustion Policy Procedure and State and Federal Law)

Grievance File # _____



Curry County Detention Center

801 Mitchell Clovis, New Mexico 88101
575-763-1490 Fax 575-762-0908



Grievance Form

Detainee's Name: Morris, Paul Number (#) 62398

Housing Unit: Pod 3 Date of Incident: 10/22/21

Date Received by Grievance Officer: _____ Grievance Officer Signature: [Signature]

RECEIVED
10/27/21

INSTRUCTIONS: It is expected that problems be resolved in an informal manner. Please read Policy/Procedure in your Detainee handbook before filing a grievance. Your grievance must be filed with the Facility Grievance Officer or Designee to be valid. Copies sent elsewhere will be considered informational copies only, not requiring a response.

REJECTED
10/27/21

STEP 1 - GRIEVANCE: Include documentation and names of any witnesses to support your claim. For your grievance to be accepted, you must state the relief requested. Use additional pages, if necessary.

Tables are painted with a toxic paint that is ate off of during lunch would violate clean and healthy standards. This is an ongoing issue and has been so for 5 plus years.

Detainee's Signature: [Signature] Date: 10/22/21

Relief

Requested: Please admit to the issue of unsanitary paint as well as unsanitary conditions. Please admit to a violation of clean and healthy standards because these tables should be stainless steel in order to be sanitary.

STEP 2 - To be completed by the Grievance Officer:

- ☐ A Your Grievance is accepted for consideration.
☒ B Your Grievance is being returned to you because of the following:

- 1 The grievance is not readable.
- 2 The matter has been answered in previous grievance # _____
- 3 The grievance concerns material that non-grievable under present policy.
- 4 The grievance is a group grievance or petition. (Submit individually.)
- 5 The grievance is not timely.
- 6 Other Specify missed grievance process
- 7 Not Signed or Dated

Grievance Officer Signature: [Signature] Date: 10/27/21

Detainee Grievance

Grievance File # 2021072

Curry County Detention Center

801 Mitchell Clovis, New Mexico 88101
575-763-1490 Fax 575-762-0908

BC



Grievance Form

Detainee's Name: Myrtis Paul Hart Number (#) 62398

Housing Unit: Pod 3 Date of Incident: 10/22/21

Date Received by Grievance Officer: 10/25/21 Grievance Officer Signature: Stanford

INSTRUCTIONS: It is expected that problems be resolved in an informal manner. Please read Policy/Procedure in your Detainee handbook before filing a grievance. Your grievance must be filed with the Facility Grievance Officer or Designee to be valid. Copies sent elsewhere will be considered informational copies only, not requiring a response.

STEP 1 - GRIEVANCE: Include documentation and names of any witnesses to support your claim. For your grievance to be accepted, you must state the relief requested. Use additional pages, if necessary.

An error was made by the Kitchen staff that
was also corrected by an attempt of food added to trays in substitute

Detainee's Signature: Myrtis Paul Hart Date: 10/22/21

Relief

Requested: To admit to the violation of clean and healthy
standards and to submit a report of a daily calorie count
all days in question as well as all continued days
of feeding.

STEP 2 - To be completed by the Grievance Officer:

- (A) Your Grievance is accepted for consideration.
B. Your Grievance is being returned to you because of the following:

- 1 The grievance is not readable.
- 2 The matter has been answered in previous grievance # _____
- 3 The grievance concerns material that non-grievable under present policy.
- 4 The grievance is a group grievance or petition. (Submit individually.)
- 5 The grievance is not timely.
- 6 Other Specify _____
- 7 Not Signed or Dated

Grievance Officer Signature: Stanford Date: 10/25/21

Detainee Grievance

Grievance File # 2021072

Continued

Step 3 - Grievance Investigation and Recommendation:

Forwarded to Kitchen Supervisor.Grievance Officer's Signature: StanfilDate: 10/25/21

Step 4 - Department Decision:

See Attachment 1.Administrator/ Designee Signature: StanfilDate: 10/27/21

Step 5 - Decision of Administrator/Designee

Denied ()

Granted ()

Dismissed ()

Resolved ☒

Referred ()

Kitchen has switched the menu. Dietitian and Kitchen have agreed to serve meat stragout one time in 5 weeks.Signature: StanfilDate: 10/27/21

Step 6 - Departmental Appeal (Return grievance to Grievance Officer for processing.)

A. Reason for appeal:

Department Signature: _____

Date: _____

Good Morning, to whom it may concern,

We serve meat stroganoff two times within a 5-week period, what I can do to fix all the grievances is switch week twos dinner meal on Friday is to a stew which is not on the menu at all. That will make the meat stroganoff on the menu only one time in five weeks. Detainees need to realize I cannot switch the menu without permission from our Dietitian. The dietitian is the one who makes the menu and recipes to follow the menu. This has been the same menu for a repetitive 5 weeks for over a year now I don't understand why it is becoming an issue now, but we will do our best to fix the issue.

Thank you,

Cassandra Griffin
Summit Food Service FSD
Curry County Adult Detention Center
Cassandra.griffin@summitfoodservice.com



Small enough to care... Big
enough to make a difference.

10/26/2021

Admirer of Cleanliness and Healthy Starches
John

A handwritten signature, likely belonging to the person who signed the letter on 10/26/2021.

Grievance File # _____



Curry County Detention Center

801 Mitchell Clovis, New Mexico 88101
575-763-1490 Fax 575-762-0908



BC

Civil and Unusual Punishment Occurrence and denial of Conditions
Grievance File

Detainee's Name: Muris Sandoval Number (#) 62398

Housing Unit: Pod 3 Date of Incident: 10/22/21

Date Received by Grievance Officer: 10/27/21 Grievance Officer Signature: [Signature]

INSTRUCTIONS: It is expected that problems be resolved in an informal manner. Please read Policy/Procedure in your Detainee handbook before filing a grievance. Your grievance must be filed with the Facility Grievance Officer or Designee to be valid. Copies sent elsewhere will be considered informational copies only, not requiring a response.

REJECTED

10/27/21

STEP 1 - GRIEVANCE: Include documentation and names of any witnesses to support your claim. For your grievance to be accepted, you must state the relief requested. Use additional pages, if necessary.

Please address visible condensation of water as well as
known asbestos and black mold in day room, cell venting as
well as Day Room vents.

Detainee's Signature: Muris Sandoval Date: 10/27/21

Relief

Requested: Admit or provide record of previous Annual grievance
report that reveals black mold and asbestos in building in the
same or similar conditions in building or provide negative
test in places occupied (Pod 101) (Pod 3 304) (Quarantine (Pod 6 104
(604)

(Top floor last cell)

STEP 2 - To be completed by the Grievance Officer:

- A. Your Grievance is accepted for consideration.
B. Your Grievance is being returned to you because of the following:

- 1 The grievance is not readable.
- 2 The matter has been answered in previous grievance # _____
- 3 The grievance concerns material that non-grievable under present policy.
- 4 The grievance is a group grievance or petition. (Submit individually.)
- 5 The grievance is not timely.
- 6 Other Specify Advised grievance process
- 7 Not Signed or Dated

Grievance Officer Signature: [Signature] Date: 10/27/21

Detainee Grievance

Grievance File # 202110168

Continued

Step 3 - Grievance Investigation and Recommendation:

Forwarded to Kitchen supervisor.Grievance Officer's Signature: StarfieldDate: 10/25/21

Step 4 - Department Decision:

See Attachment 1Administrator/ Designee Signature: StarfieldDate: 10/27/21

Step 5 - Decision of Administrator/Designee

Denied ()

Granted ()

Dismissed ()

Resolved ☒

Referred ()

Kitchen has switched the menu. The dietitian & kitchen has agreed to serve meat straggoff one time in 5 weeksSignature: StarfieldDate: 10/27/21

Step 6 - Departmental Appeal (Return grievance to Grievance Officer for processing.)

A. Reason for appeal:

Department Signature: _____

Date: _____

Grievance File # 2021 068

Curry County Detention Center

801 Mitchell Clovis, New Mexico 88101
575-763-1490 Fax 575-762-0908

BO



Grievance Form

Detainee's Name: Myrtis Paulo Hart Number (#) 62398

Housing Unit: Pod 3 Date of Incident: 10/22/21

Date Received by Grievance Office: 10/25/2021 Grievance Officer Signature: Starfil

INSTRUCTIONS: It is expected that problems be resolved in an informal manner. Please read Policy/Procedure in your Detainee handbook before filing a grievance. Your grievance must be filed with the Facility Grievance Officer or Designee to be valid. Copies sent elsewhere will be considered informational copies only, not requiring a response.

STEP 1 - GRIEVANCE: Include documentation and names of any witnesses to support your claim. For your grievance to be accepted, you must state the relief requested. Use additional pages, if necessary.

A separate case involving (Cruel and Unusual) punishment
is a 30 day long repetitious pattern of violating food handlers
Safety Protocols by staff and kitchen staff as well as inmates (food handlers) storage
Detainee's Signature: Myrtis Paulo Hart Date: 10/22/21 and service as well as
serving standards

Relief

Requested: [REDACTED] Please address not
only shortage of calories on my trays Myrtis Paulo Hart but
please address the continued violation which ended up or concluded
in the serving of an edible food.

STEP 2 - To be completed by the Grievance Officer:

- ☒ A. Your Grievance is accepted for consideration.
- ☐ B. Your Grievance is being returned to you because of the following:
- 1 The grievance is not readable.
 - 2 The matter has been answered in previous grievance # _____
 - 3 The grievance concerns material that non-grievable under present policy.
 - 4 The grievance is a group grievance or petition. (Submit individually.)
 - 5 The grievance is not timely.
 - 6 Other Specify _____
 - 7 Not Signed or Dated

Grievance Officer Signature: Starfil Date: 10/28/21

Detainee Grievance

Grievance File # _____



Curry County Detention Center

801 Mitchell Clovis, New Mexico 88101
575-763-1490 Fax 575-762-0908



Grievance Form

Detainee's Name: Myrtis Paul Hart Number (#) 62398

Housing Unit: D 3 Date of Incident: 10/21/21

Date Received by Grievance Officer: 10/27/21 Grievance Officer Signature: Stanfil

INSTRUCTIONS: It is expected that problems be resolved in an informal manner. Please read Policy/Procedure in your Detainee handbook before filing a grievance. Your grievance must be filed with the Facility Grievance Officer or Designee to be valid. Copies sent elsewhere will be considered informational copies only, not requiring a response.

REJECTED

10/27/21

STEP 1 - GRIEVANCE: Include documentation and names of any witnesses to support your claim. For your grievance to be accepted, you must state the relief requested. Use additional pages, if necessary.

(Continuing to serve breakfast at a room temperature that is sub standard or in violation of clean and healthy standards is occurring daily (See cameras))

Detainee's Signature: Myrtis Paul Hart Date: 10/21/21

Relief

Requested: Admit to footage seen on cameras and wait times on camera which was a stepping 30-45 minute wait for food but today it was 25-35 mins.

STEP 2 - To be completed by the Grievance Officer:

- A. Your Grievance is accepted for consideration.
- B. Your Grievance is being returned to you because of the following:
- 1 The grievance is not readable.
 - 2 The matter has been answered in previous grievance # _____
 - 3 The grievance concerns material that non-grievable under present policy.
 - 4 The grievance is a group grievance or petition. (Submit individually.)
 - 5 The grievance is not timely.
 - 6 Other Specify see back.
 - 7 Not Signed or Dated

Grievance Officer Signature: Stanfil Date: 10/27/21

Detainee Grievance

Grievance File # _____

Continued

Step 3 - Grievance Investigation and Recommendation:

Grievance Officer's Signature: _____ Date: _____

Step 4 - Department Decision:

Administrator/ Designee Signature: _____ Date: _____

Step 5 - Decision of Administrator/Designee

Denied ☒ Granted () Dismissed () Resolved () Referred ()

You have taken advantage of the grievance process.
All future grievances will be sent back

Signature: Stanfil Date: 10/27/21

Step 6 - Departmental Appeal (Return grievance to Grievance Officer for processing.)

A. Reason for appeal:

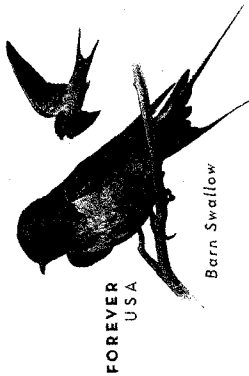
Department Signature: _____ Date: _____

Morris Parks Hall
Curran County Adult Detention Center
801 Mitchell
Clarks, New Mexico 88101

RECEIVED
UNITED STATES DISTRICT COURT
ALBUQUERQUE, NEW MEXICO

NOV 05 2021

MITCHELL R. ELFERS
CLERK



United States District Court District of New Mexico
Office of the Clerk
333 Larrea Blvd. NW (3rd, Suite)
Albuquerque, New Mexico 87102